

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009335

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE PROPERTY RIGHTS ASSOCIATION, INC.

**Current Principal Place of Business:**

195 W. PINE AVE.  
LONGWOOD, FL 327504104

**New Principal Place of Business:**

195 W. PINE AVE.  
LONGWOOD, FL 327504104 US

**Current Mailing Address:**

195 W. PINE AVE.  
LONGWOOD, FL 327504104

**New Mailing Address:**

195 W. PINE AVE.  
LONGWOOD, FL 327504104 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, LAWRENCE G  
195 W. PINE AVE.  
LONGWOOD, FL 327504104 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: TOMKOVICH, MICHAEL  
Address: 320 GENERAL DOLITTLE DR.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MR.  
Name: BUREK, DONALD  
Address: 1794 SOUTH OCEAN DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MR.  
Name: CEBECK, KEVIN  
Address: 1236 SOUTH 3RD. STREET  
City-St-Zip: JACKSONVILLE, FL 32250 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL TOMKOVICH

D

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date